FRENCH

Awards 1991

The Couvade Syndrome

The biological, psychological, and social impact of pregnancy on the expectant father

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SUMMARY

The Couvade syndrome describes the various physical symptoms found in expectant fathers. In this descriptive study, we have attempted to determine the extent to which this syndrome occurs among expectant fathers in Quebec, identify certain risk factors, and observe the repercussions of pregnancy on the social and family behavior of the expectant father, as well as on the use of health care services.

SYNDROME DE COUVADE, LES RÉPERCUSSIONS BIO-PSYCHOSOCIALES DE LA GROSSESSE CHEZ LE PARTENAIRE DE LA FEMME ENCEINTE

RÉSUMÉ

Le syndrome de couvade regroupe les différents symptômes physiques rencontrés chez le futur père. Dans cette étude, de nature descriptive, nous avons voulu évaluer la présence de ce syndrome dans la société québécoise, identifier certains facteurs de risque et observer les répercussions de la grossesse sur le fonctionnement socio-familial du futur père ainsi que sur l'utilisation des services de santé.

Can Fam Physician 1991;37:1633-36,1660.

Editor's note: *This article won the 1991 Ortho French Literary Award. It was published in French in October 1989, Vol. 35, 2031-4.*

IN RECENT YEARS, INTEREST in fatherhood, particularly during the period leading up to the birth, has increased. It is now known that pregnancy can have a profound physical, psychological, and social impact on the expectant father.

Interestingly, the French language does not have a word to describe the condition of the father during the course of the pregnancy. Various terms have been suggested: "père gestant" (expectant father), "paternalité" (paternality), "primi-père" (first-time father) and "multi-père" (father with other children).[1] The term "couvade," a derivative of the Breton verb, couver, to brood or incubate, is no longer found in modern French dictionaries. As it is used in French today, the Couvade syndrome refers to physical symptoms of varying intensity and severity experienced by the expectant father. It has also come to include social customs and rituals, as well as certain forms of psychosis that occur during this period.

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The literature of anthropology contains numerous references to rites and customs surrounding the birth of a child in primitive societies. As early as 60 BC, Diodos of Sicily wrote of such rituals.[2] In some cultures, the expectant father is prescribed a period of bed rest as long as his spouse's. In certain cases, he "mimics" labor, sometimes actually feeling contractions. He must observe strict rules concerning diet, clothing, and sexual activity.[1] Many view this phenomenon as a form of pre-social behavior of a mystical or religious nature that has great symbolic meaning.

There are references in the medical literature to severe behavioral or mental problems associated with paternity: episodes of delirium, psychotic decompensation generally of a paranoid nature, panic attacks and even cases of false pregnancy.[1,3] Expectant fatherhood can also be associated with hyperactivity and increased incidence of sports injuries. There may also be an increase in aggressive behavior leading to fights, alcohol abuse, and in more rare instances, conflicts between the father and members of the medical team.[4]

Some fathers engage in avoidance behavior, disappearing during the delivery and reappearing only a few days later or not at all.[5] There is also a significant increase in the number of divorces and suicides during the postpartum period. Lastly,

Table 1. **CHARACTERISTICS OF THE SAMPLE**

	N = 31
AGE	
28.5 (21 to 37 years)	
NUMBER OF PREGNANCIES	
1	13
2	10
3	7
4	1
MARITAL STATUS	
married	26
common law relationship	5
LEVEL OF EDUCATION	
primary	2
secondary	14
college	12
university	3
LEVEL OF INCOME	
$10 000 and less	2
$10 000–$20 000	11
$20 000–$30 000	11
$30 000–$40 000	7
$70 000 and more	none
WANTED PREGNANCY	
yes	26
no	5
RELATIONSHIP WITH OWN FATHER BEFORE AGE 12	
Very close or close	14
Neutral	10
Distant or very distant	6
Deceased	1
PRESENCE OF COMPLICATION	
yes	7
no	24
PREGNANCY DUE TO FAULTY BIRTH CONTROL	
Condom	1
Birth control pills	3
Rhythm method	3

the appearance of a significant number of incidents of sexually deviant behavior has been observed, including exhibitionism, rape, incest, homosexual acts, pedophilia, transvestism, etc.[6] Ellsbury, on the other hand, reports that the pregnancy can lead to improved family relations. During this period, there is also a decrease in libido and frequency of sexual relations.[7]

Psychosomatic symptoms are the main characteristic of the Couvade syndrome, as it is defined today. Over 39 symptoms, directly or indirectly related to expectant fatherhood, can be found in the literature. Typically, the patient reports digestive problems: nausea, vomiting, abdominal pain or bloating, or a change in appetite or weight. However, the patient may also be overly concerned with old cutaneous lesions, toothaches or pain in the lower limbs.[8,9] Due to the lack of precise diagnostic criteria for Couvade, it is not surprising to find reports of frequency ranging from 16% to 79%.[3,4,8,10,11] In 1982, Lipkin showed that approximately 22.5% of expectant fathers consulted for a syndrome typically related to Couvade, for which the investigation was negative. These patients received a greater number of prescriptions and were subjected to a greater number of laboratory examinations.[8,12]

The risk factors are not well known and there is no consensus on Couvade. According to an excellent study by Clinton, lower socio-economic status, greater emotional involvement, and membership in an ethnic minority predispose the patient to more severe symptoms.[9] It is not clear whether first-time fathers are more prone to Couvade.[9,13-16] The critical periods appear to be the first and third trimesters, as well as the postpartum period. Some studies report variations in the severity of symptoms, according to the father's relationship with his own parents, his level of acceptance of the pregnancy, demographics, etc.

In this study, we have attempted to:

- determine the extent to which the Couvade syndrome occurs among expectant fathers in Quebec by researching typical physical symptoms;
- identify certain risk factors; and
- observe the impact of the pregnancy on the expectant father's social and family behavior, and recourse to health services.

METHOD

This descriptive study is based on a sample of the partners of women who gave birth between July 15 and July 29, 1987, at the Hôtel-Dieu d'Arthabaska. The men in the

sample had to meet certain criteria. The partner had been living with the mother for 1 year; it was acknowledged that he was the father of the child; and the baby was carried to term. The presence of major complications was not a criterion for exclusion. In the 4-day period following the birth, the fathers were given individual interviews lasting approximately 20 minutes during which a questionnaire with 81 multiple-choice questions was completed. In addition to questions of a general nature, there were questions on 28 different physical symptoms, selected from the literature as indicative of the Couvade syndrome. Only those symptoms identified by the fathers as occurring for the first time during the pregnancy, or occurring in a completely uncharacteristic fashion, were retained. The questionnaire also included a brief assessment of the psychological, sexual, familial, and professional impact of the pregnancy, as well as the use of health care services during this period.

The respondents were asked questions about five factors putting them at risk for physical symptoms: the presence of a major complication during the pregnancy, the number of pregnancies, an unwanted pregnancy, low socio-economic status, and the father's relationship with his own father before the age of 12. The Mann-Whitney test was used to analyze the data collected.

RESULTS

The selection criteria were used to draw a sample of 50 fathers from the 54 deliveries during the period under study. Of these, 10 fathers refused to take part and 9 could not be reached. *Table 1* describes the 31 subjects. The average age was 28.5 years. Thirteen were first-time fathers, and 18 were men who had other children (two to four). Twenty-six were married and five lived in common law relationships. For five of the fathers, the pregnancy was unwanted. During seven of the pregnancies, there was a major complication (abruptio placentae, hyperhemesis gravidarum, twins). When questioned about their relationship with their own father before age 12, six had had a distant or very distant relationship and one had not known his father, who was deceased.

Table 2 presents, in descending order, the number of fathers who reported a physical symptom occurring either for the first time or in a completely uncharacteristic fashion. Eighty-four percent of the first-time fathers reported at least one symptom, compared to 55.5% of the men who had other children. The average was 61%. The average number of symptoms reported was 1.9 per respondent (0 to 7).

The pregnancy produced slight changes in the social and family activities of many of the fathers. Close to 33% reported a deterioration in their relationship with their spouse, generally attributed to her increased sensitivity. Ten percent noted an improvement. On average, the fathers reported that their relationship with their other children remained fairly stable.

Only a few subjects noted significant changes in their productivity or interest level at work. In some instances, the respondent's relationship with his employer deteriorated, in one case, to the point where he was dismissed. The father's activities at home also changed radically in some cases. Some developed completely new interests, in particular, housework (13 fathers), cooking (5 fathers), looking after the house plants (7 fathers), sewing (1 father) and knitting (1 father). Several subjects modified their smoking and drinking habits. Two first-time fathers stopped smoking ("for the baby's sake") and four others modified their diet and the amount of alcohol consumed.

In terms of psychological symptoms, twelve fathers reported an increase in their general anxiety level, particularly during the third trimester. Some reported difficulty sleeping (4 fathers), concentrating (3 fathers), remembering things (3 fathers) and exercising good judgment (1 father). Their moods remained fairly stable. Three fathers reported that their mood improved, but an equal number reported feeling worse, including one father who felt depressed. None reported suicidal ideation during the course of the pregnancy.

There was a general decrease in sexual relations during the third trimester (a pronounced decrease in the case of 12 fathers). It would appear that there was a parallel decrease in libido. One father reported problems with impotence at the beginning of the pregnancy. None of the fathers reported

Table 2. **NUMBER OF FATHERS REPORTING FIRST-TIME OR UNUSUAL OCCURRENCE OF THE FOLLOWING PHYSICAL SYMPTOMS**

Weight gain	7
Toothache	6
Heartburn	6
Hemorrhoids	4
Increased appetite	4
Loss of appetite	3
Vomiting	3
Weight loss	3
Fracture/trauma	3
Pain, lower limbs	2
Varicose veins	2
Nosebleed	2
Rectorragia	2
Abdominal pain	2
Headache	2
Dizziness	1
Nausea	1
Constipation	1
Abdominal bloating	1
Consultation for old, stable cyst	1
Back pain	1
Diarrhea	1
Upper respiratory infection	1
Edema, lower limbs	0
Hematemesis	0
Dysuria	0
Breast pain	0
Syncope	0

Table 3. **RISK FACTORS**

Relationship with own father	p = 0.02
Number of pregnancies	p = 0.1
Presence of major complication	NS
Unwanted pregnancy	NS
Low socio-economic level	NS

NS - not significant

changes in terms of homosexual tendencies or extramarital relations.

The final topic covered in the study was the use of health services by expectant fathers. Five fathers consulted for persistent physical problems: stomach pain (2 fathers), diarrhea (1 father), and the removal of a pre-existing, stable cyst (1 father). Two subjects also consulted for a complete physical examination, without any symptoms to justify the consultation. Two fathers consulted for trauma and fractures. There was one case of serous otitis which, like sties, have already been associated with pregnancy. One subject consulted his dentist for toothache, and another consulted a chiropractor for back pain and muscular pain.

In our evaluation of the risk factors (*Table 3*), it appears that the father's relationship with his own father at an early age had a bearing on the appearance of these symptoms, since the seven patients who reported that their father had been distant, very distant or absent had a significantly higher number of symptoms, ie 3.6 symptoms (p = 0.02). The other risk factors were no significant.

DISCUSSION

The results of our study suggest that pregnancy can have an impact on the expectant father, frequently in the form of somatisation (Couvade syndrome) but also in the form of anxiety, difficulty sleeping, and changes in family and professional relationships. Pregnancy can also affect sexual practices, and the use of alcohol and tobacco. In our sample, subjects whose father had been distant or absent had a substantially higher number of physical symptoms.

Prior to the sixties, Couvade was considered by some as the exclusive domain of neurotic subjects. Today, however, it appears that the phenomenon is very widespread. It has been suggested that Couvade is an unconscious desire to be more actively involved in child-birth, or the expression of subjective involvement in the developmental crisis which the pregnancy represents.[17-19] Toothache is reported with surprising frequency. We were unable to find a definitive explanation for this phenomenon, very rarely observed in other stress-producing situations. This is also true for exaggerated concern over old cutaneous lesions. In our study, the intensity of the symptoms reported by the subject was sufficient to justify a consultation in 23% of the cases; this figure corresponds fairly closely to Lipkin's findings in 1981.[8]

Liebenbergh, in 1969, and Munroe, in 1971, reported a greater number of symptoms among fathers whose own father had been absent during their childhood,[4,20] an observation that was also made during our study. However, Moore, in 1975, and Walton, in

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THE COUVADE SYNDROME

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1983, did not find a significant relationship with this risk factor.[21,22]

The interview had a very reassuring effect on several fathers. Most seemed very happy to be participating in the study and to have an opportunity to verbalize their experiences. We believe that an interview with the father during the pregnancy is an excellent means of helping him to express his fears and of reassuring him about any possible minor symptoms that he might feel. It is also an excellent opportunity to assess the father's general anxiety level and, possibly, to bring to light any personality problems. Interestingly, the Headache Study Group of the University of Western Ontario found that there was a relationship between the patients' sense that they had been able to fully discuss their problem and a positive outcome of their headaches.[23]

Our study had a number of limitations. First, the impact of pregnancy on the father was examined retrospectively and there was no control group. The unavoidable bias of the fathers who declined to take part in the study and those who could not be reached may also have influenced the results. In addition, due to limited resources, certain aspects of the fathers' experiences were investigated only superficially. Nonetheless, the results of our study suggest that a relatively common life experience such as pregnancy can have an important impact on various aspects of the health of individuals.

In a future study, factors such as occupation, religious practices, and the father's relationship with the mother should be taken into consideration, and a control group used to evaluate the risk factors. It would also be interesting to assess the impact of preventive methods such as a medical interview or group discussions among expectant fathers during prenatal classes. ■

Acknowledgment

We would like to thank Robert Black for his help in compiling the statistics, and Drs Réjean Hébert and Carole Bernier for their encouragement and review of the manuscript.

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